

**PADS WEB ACCESS REQUEST FORM**  
**Prevention Activities Data System**  
**Department of Alcohol and Drug Programs**

**CONFIDENTIAL**

**Note: Only county staff will be granted authorization, not individual primary prevention providers.**

<b>Action</b>	
1. Select one:	<input type="checkbox"/> New User <span style="margin-left: 100px;"><input type="checkbox"/> Delete User</span>

<b>User Identification</b>	
2. County:	
3. Name:	(Last) <span style="margin-left: 100px;">(First)</span> <span style="margin-left: 100px;">(MI)</span>
4. SSN (Last 4 Digits Only):	
5. Phone #:	6. Fax #:
7. E-mail Address:	
8. Mailing Address:	
9. User Signature _____ Date: ____/____/____ User authorization to create, edit, and update records.	

**DO NOT WRITE BELOW THIS LINE**

<b>10. Prevention Services Division Approvals</b>	
Name:	Date: ____/____/____
Signature:	

<b>11. ADP Information Management Services Division Use Only</b>		
User ID:	Completed By:	Date: ____/____/____

Return completed form to Kami Browning via fax at (916) 322-7117.